

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10718248

FILING DATE

APPLICANT(S)

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
NO.	BD	DEP	NO.	BD	DEP	
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TOTAL BD.			TOTAL BD.			
TOTAL DEP.			TOTAL DEP.			
TOTAL CLAIMS			TOTAL CLAIMS			

  

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
NO.	BD	DEP	NO.	BD	DEP	
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TOTAL BD.			TOTAL BD.			
TOTAL DEP.			TOTAL DEP.			
TOTAL CLAIMS			TOTAL CLAIMS			



2083

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

10 718248

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							91					
2							92					
3							93					
4							94					
5							95					
6							96					
7							97					
8							98					
9							99					
10							100					
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TOTAL IND.	124						TOTAL IND.					
TOTAL DEP.	179						TOTAL DEP.					
TOTAL CLAIMS	193						TOTAL CLAIMS					



30f3

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10718248</div>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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